

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	09/83015

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	1			
5	0			
6	0			
7	0			
8	0			
9	0			
10	0			
11	0			
12	0			
13	0			
14	0			
15	1			
16	1			
17	21			
18	21			
19	21			
20	1			
21	1			
22	1			
23	0			
24	0			
25				
26				
27				
28				
29				
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49				
50				
TOTAL D.				
TOTAL EP.				
TOTAL AIMS				

TOTAL D.			
TOTAL EP.			
TOTAL AIMS			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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